Medical compassion at the end-of-life

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Medical compassion at the end-of-life

presentation outline:

a) “compassion” is not a reason at all

b) “unbearable suffering” is not a medical issue
1. “compassion” is not a reason

*Cambridge Dictionary:* “a feeling of sympathy for people who are suffering”

*Oxford Dictionary:* “sympathetic pity and concern for the sufferings or misfortunes of others”

etymology: Old French from ecclesiastical Latin

*compassio* (n-)
*compati* (suffer with)
1. “compassion” is not a reason

compassio, -onis
1. “compassion” is not a reason
1. “compassion” is not a reason

“a feeling of sympathy”
“sympathetic pity”

sentiment

NOT

reason
1. “compassion” is not a reason

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1. “compassion” is not a reason

Liezl L. Van Zyl

“Euthanasia, as a last resort, can therefore be justifiable as a compassionate, benevolent, and respectful response to a patient’s suffering”
2. “unbearable suffering”

Doctors should do...

neither more
NOR
less
2. “unbearable suffering”
2. “unbearable suffering”

medicine

human person

health
2. “unbearable suffering”

WMA DECLARATION ON PRINCIPLES OF HEALTH CARE FOR SPORTS MEDICINE

Adopted by the 34th World Medical Association General Assembly, Lisbon, Portugal, September/October 1981
and revised by the 39th World Medical Association General Assembly, Madrid, Spain, October 1987,
the 45th World Medical Association General Assembly, Budapest, Hungary, October 1993,
the 51st World Medical Association General Assembly, Tel Aviv, Israel, October 1999,
and reaffirmed by the 185th WMA Council Session, Evian-les-Bains, France, May 2010
2. “unbearable suffering”

medicine
society
change

-open heart surgery
-euthanasia
2. “unbearable suffering”

- medicine
- society
- change

- open heart surgery: improvement
- euthanasia: regression
2. “unbearable suffering”

with Hippocratic Medicine...

the figure of doctor and sorcerer was separated
2. “unbearable suffering”

“I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan”
Suffering in the Advanced Cancer Patient: A Definition and Taxonomy

NATHAN I. CHERNY and NESSA COYLE, Pain Service, Department of Neurology, Memorial Sloan-Kettering Cancer Center and KATHLEEN M. FOLEY, Pain Service, Department of Neurology, Memorial Sloan-Kettering Cancer Center and Department of Neurology, Cornell University Medical College, New York, New York, USA

PATIENT DISTRESS

The physical and psychological symptoms as well as the existential concerns that contribute to patient distress are tabulated in Table 1.

Table 1 / LIST OF FACTORS CONTRIBUTING TO PATIENT DISTRESS

Physical symptoms
- pain
- lack of energy
- feeling drowsy
- dry mouth
- lack of appetite
- nausea
- feeling bloated
- change in the way food tastes
- numbness/tingling in hands/feet
- constipation
- cough
- swelling of arms or legs
- itching
- weight loss
- weight gain
- diarrhea
- dizziness
- problems with sexual interest or activity
- shortness of breath
- vomiting
- problems with urination
- difficulty swallowing

Psychological symptoms
- anxiety
- depression
- sleep disturbance
- irritability
- impaired concentration
- nightmares
- delirium

Existential concerns
- disrupted or distorted personal integrity
- changes in body image
- changes in body function
- changes in intellectual function
- changes in social and professional function
- diminished attractiveness as a person
- diminished attractiveness as a sexual partner
- increased dependency
- distress from retrospection
- unfulfilled aspirations
- deprecation of the value of previous achievements
- remorse from unresolved guilt
- distress from future concerns
- separation
- hopelessness
- futility
- meaninglessness
- concern about death
- religious concerns
- illness as a punishment
- fear of divine retribution
- fear of a void

Empathic suffering with family (Table 2)

Distress related to health care services
- communication
- availability
- personal and cultural sensitivity
- excessively candid
- inadequate information
- lack of availability
- lack of services
- exhausted services
- uncommitted services
- ineffectual services
- expense

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2. “unbearable suffering”

BMJ Open  Understanding patients’ experiences of the wish to hasten death: an updated and expanded systematic review and meta-ethnography

Andrea Rodríguez-Prat,1 Albert Balaguer,2 Andrew Booth,3 Cristina Monforte-Royo4

reasons:
  a) physical
  b) psychological
    emotional
  c) social factors
  d) the loss of self

meanings:
  a) a cry for help
  b) to end suffering
  c) to spare others from the burden
  d) to preserve self-determination
  e) a will to live but not in this way
2. “unbearable suffering”

Doctors should do...

neither more

NOR

less

of the art of healing